

**CONTRACT DATA SHEET**PSC Type (check one): ☒ New ☐ Renewal ☐ Addendum**Contractor Information**

1. Legal Name of Contractor: William Beam
2. Address: 13508 Hunters View Court
3. City/ State & Zip: Prospect, KY 40059
4. Contact Person Name & Telephone Number: William Beam - 727-1883 or 292-3255
5. Revenue Commission Taxpayer ID#: 094950
6. If registration is not required please explain:
7. Is account in good standing: Yes
8. Federal Tax ID # (SSN if sole proprietor): 65-1300148

**Department Information**

9. Requesting Department: Department of Public Health and Wellness
10. Contact Person Name & Telephone: Sadiqa Reynolds & Shanion Thurman 574-6530

**Contract Information**

11. Not to exceed amount: \$34,500
12. Are expenses reimbursed? Yes
13. If yes list allowable expenses and maximum amount reimbursable: mileage/travel - \$4,000
14. Beginning and ending date of the contract: April 13, 2007 – June 30, 2008
15. Coding: 2901 - 605 - 4177 - 411580 - 521301
16. Scope & Purpose of the contract: MSD Project Manager to manage a 13 month project. Duties and responsibilities include coordinating project activities for cross functional terms, developing project plans and status reports, serving as key facilitator for the project. Pay \$25.00 an hour at 25 hours a week.

**Authorizations**

\_\_\_\_ County Attorney Review - Approved as to Form:

Department Director: \_\_\_\_\_

Date: 4/18/07

Signature certifies:



Funds are available

Contractor is registered and in good standing with the Revenue Commission

Human Relations Commission registration requirements have been met

\_\_\_\_ Risk Management Division of Finance - Certifies Insurance requirements satisfied:

**WRITTEN FINDINGS****EXPLAINING NECESSITY FOR USING NONCOMPETITIVE NEGOTIATION FOR PSC**

This document constitutes written request and findings, as required by KRS 45A.380 stating the need to purchase through noncompetitive negotiation for PSC Contract # \_\_\_\_\_. By the signatures listed below, the Requesting Department has determined, and the Chief Financial Officer concurs, that competition is not feasible because:

\_\_\_\_\_ A. An emergency exists which will cause public harm as a result of the delay in competitive procedures. **\*\* Mayors Approval required for emergency purchases exceeding \$10,000.**

\_\_\_\_\_ B. There is a single source within a reasonable geographic area of the supply or service to be procured or leased (attach sole source determination from the Purchasing Department).

      X       C. The contract is for the services typically provided by a licensed professional, such as an attorney, architect, engineer, physician, certified public accountant, registered nurse, or educational specialist; a technician such as a plumber, electrician, carpenter, or mechanic; an artist such as a sculptor, aesthetic painter, or musician; or a non-licensed professional such as a consultant, public relations consultant, advertising consultant, developer, employment department, construction manager, investment advisor, or marketing expert and the like.

\_\_\_\_\_ D. The contract is for the purchase of perishable items purchased on a weekly basis, such as fresh fruits, vegetables, fish, or meat.

\_\_\_\_\_ E. The contract is for replacement parts where the need cannot reasonably be anticipated and stockpiling is not feasible.

\_\_\_\_\_ F. The contract is for proprietary items for resale.

\_\_\_\_\_ G. The contract or purchase is for expenditures made on authorized trips outside the boundaries of the city.

\_\_\_\_\_ H. The contract is for the purchase of supplies which are sold at public auction or by receiving sealed bids.

\_\_\_\_\_ I. The contract is for group life insurance, group health and accident insurance, group professional liability insurance, worker's compensation insurance, or unemployment liability insurance.

\_\_\_\_\_ J. The contract is for a sale of supplies at reduced prices that will afford a purchase at savings to the Metro Government.

\_\_\_\_\_ K. The contract was solicited by competitive sealed bidding and no bids were received from a responsive and responsible bidder.

\_\_\_\_\_ L. Where, after competitive sealed bidding, it is determined in writing that there is only one (1) responsive and responsible bidder.

  
Requesting Department Director

  
Date

\_\_\_\_\_  
\*\*Mayor

\_\_\_\_\_  
Date

**\*\*Signature is required only for Written Finding A**

**Thurman, Shanion M.**

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**From:** Kring, Ken

**Sent:** Thursday, April 05, 2007 3:31 PM

**To:** Thurman, Shanion M.; Reynolds, Sadiqa N

Based on using 40,000 over 15 months, we can pay the vendor 625 a week, starting with the week ending April 13 (next week) and ending June 27, 2008. Which would be approximately 15 months. At 25 hours a week, the hours rate would be \$25 an hour, which is very reasonable.

We should do an ITPS for at least \$ 7,500 which would last 12 weeks(end of June 2007), then a contract for the remaining balance

Do you need anything else from me?

Ken.

4/12/2007

**Proposed Budgets  
FY08**

**Office of Environmental Policy**

Salary	43000	44000	
Fringe	12900		30%
Mileage	1500		
Training	1000		
OoT Travel	1500		
Subscriptions	500		
Printing	1000		
Office Supplies	500		
Projects	5000		
GCP MOU	30,000		
Americorp	3400		
PC - if needed	1000		
<b>Total Direct</b>	<b>101300</b>		
Indirect	19565		35% salaries
<b>Grand Total</b>	<b>120865</b>		

**Budget Addition - Expand Food Hygiene Program**

Salary - 3 EHS	102000		3 EHS @ 34000/yr
Salary - Supervisor	40900		
Fringe	42870		30%
Mileage	10000		3 @ 3000 + 1000
Training	1000		400
OoT Travel	1000		
Office Supplies	1200		4 @ 300
Env Sampling	800		field equipment & supplies
Equipment - 4 PCs with field printers	6000		laptops with printers
<b>Total Direct</b>	<b>205770</b>		
Indirect	65020		35% salaries
<b>Grand Total</b>	<b>270790</b>		



**Form W-9**  
(Rev. November 2005)  
Department of the Treasury  
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Print or type  
See specific instructions on page 2

Name (as shown on your income tax return)  
**William F. Beam**

Business name, if different from above  
**Catering Associates**

Check appropriate box: ☒ Individual/  
Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ☐ Exempt from backup  
withholding

Address (number, street, and apt. or suite no.)  
**13508 Hunters View Court**

City, state, and ZIP code  
**Prospect, KY 40059**

List account number(s) here (optional)

Requestor's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number  
4 0 2 6 6 4 8 3 5

OR

Employer identification number  
6 5 1 3 0 0 1 4 8

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign  
Here

Signature of  
U.S. person

*William F. Beam*

Date *April 5, 2007*

## Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(e) and 7(a) for additional information.

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,